

# Holiday Or Special Event Application

This application, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, **is required to be filed 15 days in advance** of issuance of a Holiday or Special Event Permit. NRS 463.408. Failure to do so may result in denial of your application.

Account No., Name, Address, Zip Code

For Commission Use Only

Check  
Number \_\_\_\_\_Batch  
Number \_\_\_\_\_Entry  
Date \_\_\_\_\_

Please correct if in error

## INSTRUCTIONS

(Please Read Carefully Before Completing This Form)

- A. The maximum additional games allowed by this application cannot exceed 50 percent of the number of games operated by the licensee at the time this application is filed. Any fractional game must be counted as one full game.
- B. If any such additional games are not removed at the time the Holiday or Special Event Permit expires, the licensee shall immediately be subject to the fees provided for in Chapter 463.
- C. Enter in the space provided the number and type or types of additional games applied for. Each additional game is subject to a license fee of \$14.00 per game per day. For purposes of computation, one day is equal to a 24-hour period.
- D. Gross Revenue earned from each additional game must be included on the Gross Revenue Report (Form NGC-1) for the applicable month.
- E. Indicate on Line 5 the time and date the additional games will commence and be removed from operation.
- F. **Games will be operated in established casino area:** \_\_\_ yes/\_\_\_ no. If not in casino area, attach supplement identifying location of additional games and proposed surveillance.

### Additional Games Applied for:

TYPE OF GAME	NUMBER
1. Total (Enter on Line 2) . . . . .	

### Computation of License Fees:

2. Total number of games as appears on Line 1 \_\_\_\_\_
3. License fees due on games (excluding poker/pan) above (\$14.00 per game per day) \$ \_\_\_\_\_
4. Remittance payable to  
NEVADA GAMING COMMISSION . . . . . \$
5. Application is hereby made to operate the above games  
commencing on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m.  
removed on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ p.m.

**Please make remittance payable to the Nevada Gaming Commission and return to  
State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004**

I, \_\_\_\_\_, certify and declare under the penalties of perjury that I am the  
\_\_\_\_\_ of the business named above; that this is a true, correct and complete report  
(Owner, Partner, President, Treasurer, Other - describe)  
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and  
consent of all other individuals licensed.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Person to contact regarding this report:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**